

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

Western District of New York

Case No.

23cv1264 -S
(to be filled in by the Clerk's Office)Jebb Baldwin

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)

-v-

Sergeant Douglas Stodelmaier
Doctor Snellgrove
Lieutenant Anthony Vitucci

Defendant(s)

(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names. Do not include addresses here.)

JURY TRIAL: Yes X No 

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name ~~Lieutenant Anthony Vitucci~~ Jebb Baldwin
 All other names by which
 you have been known: _____
 ID Number _____
 Current Institution Chemung County Jail
 Address 211 William Street
Elmira NY 14901
 City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Lieutenant Anthony Vitucci
 Job or Title (*if known*) Lieutenant, Administrative
 Shield Number (not provided)
 Employer Chemung County Jail
 Address 211 William Street
Elmira NY 14901
 City State Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name Douglas Stodelmaier
 Job or Title (*if known*) Sergeant
 Shield Number (not provided)
 Employer Chemung County Jail
 Address 211 William Street
Elmira NY 14901
 City State Zip Code

☒ Individual capacity ☒ Official capacity

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Defendant No. 3

Name Doctor Snellgrove
 Job or Title (if known) Doctor
 Shield Number _____
 Employer Chemung County Jail
 Address 211 William street
Elmira NY 14901
 City State Zip Code
☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name Doctor Tom Cross
 Job or Title (if known) Doctor
 Shield Number _____
 Employer Chemung County Jail
 Address 211 Williams street
Elmira NY 14901
 City State Zip Code
☐ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

USCS Const. Amendment 8 IV. Cruel and unusual punishment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

see attached pages

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

February 6th

Initially - In 2015 I was incarcerated in prison at Maria Shock Correctional Facility and was sent to Albany medical center where I was diagnosed with Server comp DiverTiculousies.

Currently arose on Aug^{12th} 2023 When I was sent to Arnot Hospital because I was experienced severe abdominal pain while incarcerated at ~~Albany~~ Chemung County Jail

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C. What date and approximate time did the events giving rise to your claim(s) occur?

~~Necessary information~~ August 13th, 2023

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See page attached

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

see page attached

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I'm requesting \$1.75 million for the extreme physical pain and suffering I experienced and the post traumatic stress and embarrassment this incident has caused me. I would like Jail staff involved to be reprehended for their lack of due diligence which in turn caused me additional and prolonged pain, suffering and mental anguish. I need to be taken to Hospital to have cause of severe bleeding investigated by medical professionals.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Chemung County Jail

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

my grievance was to bring attention to my neglected medical emergency

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Chemung County Jail, post 31

2. What did you claim in your grievance?

My medical emergency was being neglected by institution officials and medical staff

3. What was the result, if any?

Lieutenant Vitucci, grievance coordinator rejected my grievance, didn't file it, told me I was lying and provided a sample cup which I never got results for.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

No because Vitucci refused to file my grievance ^{TWICE} so I therefore had no opportunity to appeal it.

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

11/18/2023

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Jebb Baldwin211 William StreetElmira

City

NY

State

14901

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

On Aug 12th I experienced severe abdominal pain and was taken to Arnot hospital and was given catscan and bloodwork. Medical staff found 3.6x3.9 mm ^{abscess} ~~abscess~~ on large intestine. I was admitted in hospital for 5 days and put on antibiotics and pain medicine which dissipated ^{abscess} ~~abscess~~. I was then discharged from hospital on August 17th and scheduled for surgeon one week later but was never taken by Jail staff. Doctors who treated me was physician Rabie Shahzad and Subramaniam Sadhasivam, I was personally billed \$610.00.

I experienced 3 months of constant blood loss from my anal cavity after discharge from hospital; I experienced severe intestinal pain daily, light headedness, mental anguish and everyday when I pooped and had profuse blood loss I would alert the floor officers and they wouldn't document any incident even though my toilet was filled with dark red blood.

On ¹¹⁻³⁻²³ ~~11-3-23~~ around 7pm I again had severe blood loss and I became extremely sick and couldn't get out of bed. I alerted floor officer Villie of what had happened and he alerted Sergeant Stodelmaier who neglected to come help me. I had to call my wife and daughter and have them continuously call the Jail in order for my medical emergency to be answered around 8:30pm.

I was then taken to the Arnot Hospital and bloodwork and catscan was done. I ~~was~~ had a colonoscopy done on 11/1/23.

~~I~~ Over the past month since I was released from hospital I've continued to have severe pain and bleeding everyday. I've continued to have the floor officers witness the bleeding, they contact medical and nothing is done to help me. I need to go to the hospital. I have severe abdominal pain, light headness, mental anguish and im extremely stressed about my ~~un~~unanswered

medical condition. I've put several grievances and medical requests in and they've gone unanswered. My grievances I put in on 11/5 and 11/17 were handed back to me by the grievance coordinator Lieutenant Vitucci who told me I was lying and provided a sample cup which I immediately provided a sample and no results have been returned. Lieutenant Vitucci refused to file my grievances and just returned them to me. My severe, daily bleeding out my anal cavity is a sign of dangerous internal bleeding or worse colon cancer. USCS Const. Amend. 8 section IV is supposed to ~~provide~~ protect me from cruel and unusual punishment as well as provide me with adequate medical care ~~while im~~ while im incarcerated. My painful and embarrassing medical emergency is going unanswered and not properly treated. I've suffered unnecessary amounts of pain and discomfort due to ongoing medical emergency being overall neglected by correctional officers over the course of the previous three months. This has led to me experiencing constant intestinal pain, mental anguish, severe stress, embarrassment and I worry I might die from untreated colon cancer or internal bleeding. I need to go to the hospital for my constant bleeding but I'm constantly turned down by jail medical staff Doctor Snellgrove who ignores my bleeding and insists nothing is wrong with me. Im bleeding at least a cup of blood between 2-3 poops per day its an extreme amount of blood and medical still continues to do nothing. The grievances would allow me to reach out for outside help but Lieutenant Vitucci refuses to file my grievance forms and insists im recievancing adequate medical care which clearly im not. Jail medical staff and correctional staff are deliberately indifferent to medical needs.

I'm experiencing extreme pain and suffering everyday, I need to be taken to hospital to figure out if I have colon cancer and figure out what is causing extreme blood loss but medical and jail staff refuse to give me adequate medical care which by law they are required to. I'm requesting I be taken to a hospital as soon as possible. The following correctional officers witnessed my severe bleeding on the below listed dates:

11-13-23	Officer Vaness and officer Reed	11-19-23	officer Kimble
11-15-23	Sergeant Sabatini	11-19-23	officer Vaness
11-16-23	Officer Dots	11-19-23	overnight officer Jones & Officer Thomas
11-16-23	officer Villie	11-20-23	officer Vaness
11-17-23	Officer Hourihan	11-20-23	officer Vaness
11-17-23	officer Gardner and officer Jones	11-21-23	officer Dunham and white
11-18-23	officer White in morning and Officer Villie	11-22-23	officer Stevens
11-18-23	overnight officer Jones		at evening shift

Section II D The following defendants: Lieutenant Vitucci, Sergeant Stodelmaier and Doctor Snellgrove ~~acted under the~~ ^{violated my} 8th amendment and subjected me to cruel and unusual punishment because they deprived me of my right to adequate medical care while incarcerated at Chemung County Jail.

I'm also challenging the conditions of confinement at Chemung County Jail and ask I be conditionally and temporarily released in order to seek adequate medical attention elsewhere since the institution I'm being currently confined at is depriving me of my right to adequate medical care and is subjecting me to cruel and unusual punishment as a result.



Arnot Medical Services, PLLC
555 St. Joseph's Blvd
Elmira, NY 14901

If paying by credit card, check card using for payment

CARD NUMBER

SECURITY CODE

SIGNATURE

EXP DATE

STATEMENT DATE: 08/31/23

DUE DATE: UPON RECEIPT

AMOUNT DUE: \$610.00

SHOW AMOUNT PAID HERE: \$

ACCOUNT NUMBER: 20040803

000651

ARN11E 4043851 406880866

JEBB W BALDWIN
211 William St
Elmira, NY 14901-3112

Make Check Payable and Remit to:

Arnot Medical Services, PLLC
555 St. Joseph's Blvd
Elmira, NY 14901

☐ Please check box if address or insurance information is incorrect. Indicate change(s) on reverse side.

Patient(s) included: JEBB W BALDWIN

DETACH AND PLACE TOP PORTION IN RETURN ENVELOPE SO THAT THE ADDRESS SHOWS IN WINDOW

Page 1 of 2

TYPE OF STATEMENT	GUARANTOR NAME	ACCOUNT NUMBER	STATEMENT DATE	DUE DATE
Physician Statement	JEBB W BALDWIN	20040803	08/31/2023	UPON RECEIPT

DATE	DESCRIPTION OF ACTIVITY	CHARGES	PAYMENTS/ADJUSTMENTS	PATIENT BALANCE
08/17/23	PATIENT: JEBB W BALDWIN Physician: RABIE SHAHZAD, MD Facility: AOMC INPATIENT SERVICES 99232 SUBSEQUENT HOSP CARE-DA E&M MINOR COMPLIC BALANCE DUE	\$85.00		\$85.00
08/17/23	PATIENT: JEBB W BALDWIN Physician: SUBRAMANIAM SADHASIVAM, MD Facility: AOMC INPATIENT SERVICES 99233 SUBSEQUENT HOSP CARE-DA E&M SIGNIFIC COMPL BALANCE DUE	\$123.00		\$123.00
08/16/23	PATIENT: JEBB W BALDWIN Physician: RABIE SHAHZAD, MD Facility: AOMC INPATIENT SERVICES 99223 INITIAL HOSPITAL CARE-DA E&M HIGH SEVERITY BALANCE DUE	\$240.00		\$240.00

Details continue on the next page...

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT:

If you are having problems paying your medical bills due to a loss of income caused by the COVID-19 pandemic, we're here to help. Please call (607) 481-2256 and we will set you up to speak to our Business Office staff to learn about options to assist you at this time. If no one is available to assist you at the time of your call, please choose the option to leave a message and provide us with your name and phone number. We will return your call within one business day. Thank you for choosing Arnot Health.

PATIENT RESPONSIBILITY - AMOUNT DUE**\$610.00**Pay Online: amothealth.org

Pay by Phone: (607) 271-2050

Community Care Program: AMS provides a Financial Assistance Program. Customer Service representatives are available at (607) 271-2050 to answer questions about this program.



Arnot Medical Services, PLLC
555 St. Joseph's Blvd
Elmira, NY 14901

Statement Date

08/31/23

Page Number

2

Payment Due Date

UPON RECEIPT

Amount Due

See Page 1

GUARANTOR NAME: JEBB W BALDWIN

DATE	DESCRIPTION OF ACTIVITY	CHARGES	PAYMENTS/ ADJUSTMENTS	PATIENT BALANCE
08/16/23	PATIENT: JEBB W BALDWIN Physician: SUBRAMANIAM SADHASIVAM, MD Facility: AOMC INPATIENT SERVICES 99222 INITIAL HOSPITAL CARE-DA E&M MODERATE SEVERITY BALANCE DUE	\$162.00		\$162.00
	TOTAL ACCOUNT BALANCE DUE			\$610.00

New York State Commission of Correction
Inmate Grievance Form
 Form SCOC 7032-1 (11/2015)

Facility: Chemung County JailHousing Location: 31-223Name of Inmate: Baldwin Jebb

Grievance #: _____

Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)

Number of Sheets Attached () _____

im still bleeding profusely out of my anal cavity five days after my colon check and I went to Hospital on Friday and they neglected to treat my medical issues. im still bleeding daily and nothing is being done to help me. im required adequate medical attention by law and my rights are clearly being violated

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached () _____

I need to go to the hospital, a different hospital and be seen by another doctor.

Grievant Signature: _____

Date/Time Submitted: 11-5-23 7:30 PM

Receiving Staff Signature: _____

Date/Time Received: 11/5/23 7:30pm

Investigation Completed by: _____

Date Completed: _____

Decision of the Grievance Coordinator

Number of Sheets Attached () _____

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Signature of the Grievance Coordinator: _____

Date: _____

New York State Commission of Correction
Inmate Grievance Form
 Form SCOC 7032-1 (11/2015)

Facility: Chemung County JailHousing Location: 31 223Name of Inmate: Baldwin JabbGrievance #: 23 48**Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)**

Number of Sheets Attached ()

I have been out of pain meds since
11-08-23 and have written medical about
this do to I have pain in my stomach
and still bleeding have officer's as
~~witness~~ witness to the blood

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached ()

~~the~~ pain meds and better
care for the blood problem or
maybe a better doctor and care

Grievant Signature: [Signature]Date/Time Submitted: 11-15-2023 20:27 hrsReceiving Staff Signature: [Signature]Date/Time Received: 11-15-2023 2026Investigation Completed by: Lieutenant Anthony [Signature]Date Completed: 11/16/2023**Decision of the Grievance Coordinator**

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and
reasons underlying the determination

Number of Sheets Attached ()

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☒ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

See AttachedSignature of the Grievance Coordinator: [Signature]Date: 11/16/2023

New York State Commission of Correction
Inmate Grievance Form Part II**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION****Grievant's Appeal to the Chief Administrative Officer****Must submit within two business days of receipt of the Grievance Coordinator's written decision**

I have read the above decision of the Grievance Coordinator and

() I agree to accept the decision

() I am appealing to the Chief Administrative Officer

Grievant Signature: _____

Date: _____

Decision of the Chief Administrative Officer:

Number of Sheets Attached ()

Shall be issued within five business days after receipt of appeal and provided to grievant

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

Signature of the Chief Administrative Officer: _____

Date: _____

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and

() I agree to accept the decision

() I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: _____

Date: _____

Submission to the Citizen's Policy and Complaint Review Council**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY****NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.****I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.**

Signature of the Grievance Coordinator: _____

Date: _____

TO: Inmate Jebb Baldwin

FROM: Lieutenant Anthony J. Vitucci



DATE: 11/16/2023

In reference to your grievance # 23-48, the following decision is made.

I have received your grievance, investigated it, and concluded the following. Since being incarcerated in July of 2023 you have been evaluated by our Medical Doctor and two Physician Assistants. As a result of those evaluations, you were also evaluated by an outside medical source to include a colonoscopy and treatment for Diverticulitis. At one point you were prescribed Tylenol for pain management. In your statement, you stated that you have been out of your medication since 11/8/2023. The medical division just received a request yesterday, 11/15/2023 for a refill. After investigating your grievance and interviewing the facility Nurse Administrator it appears that you are receiving more than adequate care by our medical division to include outside medical providers.

Your grievance is denied.

**New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)**

Facility: Chemung County JailHousing Location: 31-223Name of Inmate: Jebb Baldwin

Grievance #: _____

Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)

Number of Sheets Attached () _____

I'm bleeding profusely out my anal cavity everyday, twice a day, I
need to see a doctor I'm experiencing severe intestinal pain and
I'm afraid I'm having intestinal hemorrhaging and nothing is being done
about it.

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached () _____

please send me to the hospital so I can see a different doctor
for the pain and bleeding.

Grievant Signature: [Signature]Date/Time Submitted: 11-17-23 4:00PMReceiving Staff Signature: [Signature]Date/Time Received: 11/17/23 9:06pm

Investigation Completed by: _____

Date Completed: _____

Decision of the Grievance Coordinator

Number of Sheets Attached () _____

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Signature of the Grievance Coordinator: _____

Date: _____

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Jebb Baldwin

(b) County of Residence of First Listed Plaintiff

chemung

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

pro se, Jebb Baldwin

DEFENDANTS

Anthony Vitucci
Douglas Stadelmaier
Doctor Snellgrove

County of Residence of First Listed Defendant

chemung

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause: 42 U.S.C. §1983, Civil Rights Action

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$ 1.75 Million

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

11/18/2023

SIGNATURE OF ATTORNEY OF RECORD

Pro Se

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) **Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) **County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) **Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. **Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. **Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. **Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. **Origin.** Place an "X" in one of the seven boxes.
Original Proceedings. (1) Cases which originate in the United States district courts.
Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.
Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. **Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. **Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. **Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

Jebb Baldwin

211 William Street

Elmira NY, 14901

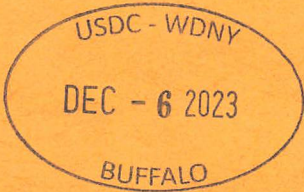
United States D
200 U.S. Courtho
2 Niagara Square
Buffalo, New York



strict Court clerk

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